3	Ownershi p:	Corporati on
366	Highest Level License:	Skilled
No	Operate in Conjunction with CBRF?	Yes
49	Title 18 (Medicare) Certified?	No
49	Average Daily Census:	40
37		
	49 49	Highest Level License: No Operate in Conjunction with CBRF? 49 Title 18 (Medicare) Certified? 49 Average Daily Census:

Number of Residents on 12/31/00: ***********************************	****	37 ************************************	ge varry *******	/ census: ************	4U *****	, :************	******
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/00)	Length of Stay (12/31/0	00) %
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	51. 4 35. 1
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 56. 8	Under 65 65 - 74	10. 8 10. 8	More Than 4 Years	13. 5
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	10. 8 0. 0	75 - 84 85 - 94	40. 5 29. 7	********	100.0
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi pl egi c Cancer	5. 4 5. 4	95 & 0ver	8. 1	Full-Time Equival Nursing Staff per 100	
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	2. 7 5. 4	65 & 0ver	100. 0 89. 2	(12/31/00)	10.0
Transportation Referral Service Other Services	No No No	Cerebrovascul ar Di abetes Respi ratory	10. 8 0. 0 0. 0	Sex	%	RNs LPNs Nursing Assistants	12. 8 12. 4
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	2. 7	Male Female	29. 7 70. 3	Ai des & Orderlies	51. 3
Provide Day Programming for Developmentally Disabled	No		100. 0	I CHRII C	100. 0		
************	****	! ************	******	! ********	******	**********	******

Method of Reimbursement

	Medicare (Title 18)			(Medicaid (Title 19)			Other Pri			Private Pay			Manageo	d Care		Percent
			Per Die	m	Per Diem		Per Diem			Per Diem		Per Diem Tot			Of All		
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	3. 2	\$115. 76	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	2. 7%
Skilled Care	0	0. 0	\$0.00	30	96.8	\$96. 33	0	0. 0	\$0.00	6	100.0	\$147.95	0	0. 0	\$0.00	36	97. 3%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		31 1	00.0		0	0.0		6	100.0		0	0.0		37	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent 21.6 Resi dents Private Home/With Home Health 0.0 Bathi ng 0.0 64.9 35. 1 37 Other Nursing Homes 5.4 Dressi ng 13. 5 51.4 35. 1 37 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 27. 0 37 45.9 37. 8 35. 1 37 0.0 Toilet Use 18.9 45. 9 35. 1 8. 1 Eating 59. 5 18.9 37 21. 6 Other Locations ******* 18.9 Total Number of Admissions Continence Special Treatments 37 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 8. 1 2.7 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder 70.3 0.0 Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 0.0 51.4 Other Nursing Homes 7. 5 2.7 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 47.5 Mobility 0.0 Physically Restrained 0.0 0.0 45.9 0.0 Other Locations 2.5 Skin Care Other Resident Characteristics Deaths 42.5 With Pressure Sores 8. 1 Have Advance Directives 100.0 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		4. 4. 4. 4. 4. 4. 4. 4.							
		Own	ershi p:	Bed	Si ze:	Li ce	ensure:		
	Thi s		pri etary		er 50	Ski l	led	Al l	
	Facility		Group		Group				ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81. 6	74 . 6	1. 09	74 . 2	1. 10	81. 9	1.00	84. 5	0. 97
Current Residents from In-County	48. 6	84. 4	0. 58	85. 6	0. 57	85. 6	0. 57	77. 5	0.63
Admissions from In-County, Still Residing	24. 3	20. 4	1. 20	30. 4	0.80	23. 4	1.04	21. 5	1. 13
Admissions/Average Daily Census	92. 5	164. 5	0. 56	95. 0	0. 97	138. 2	0. 67	124. 3	0.74
Discharges/Average Daily Census	100. 0	165. 9	0. 60	103. 0	0. 97	139. 8	0. 72	126. 1	0. 79
Discharges To Private Residence/Average Daily Census	0. 0	62. 0	0.00	8. 0	0.00	48. 1	0.00	49. 9	0.00
Residents Receiving Skilled Care	100	89. 8	1. 11	73. 4	1. 36	89. 7	1. 11	83. 3	1. 20
Residents Aged 65 and Older	89. 2	87. 9	1. 02	96. 3	0. 93	92. 1	0. 97	87. 7	1.02
Title 19 (Médicaid) Funded Residents	83. 8	71. 9	1. 17	50. 5	1.66	65. 5	1. 28	69. 0	1. 21
Private Pay Funded Residents	16. 2	15. 0	1. 08	45. 2	0. 36	24. 5	0. 66	22. 6	0. 72
Developmentally Disabled Residents	0. 0	1. 3	0.00	0. 0	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	67. 6	31. 7	2. 13	52. 7	1. 28	31. 5	2. 15	33. 3	2.03
General Medical Service Residents	2. 7	19. 7	0. 14	8. 0	0.34	21.6	0. 13	18. 4	0. 15
Impaired ADL (Mean)	55. 1	50. 9	1.08	51. 9	1.06	50. 5	1.09	49. 4	1. 12
Psychol ogi cal `Probl ems	59 . 5	52. 0	1. 14	36. 7	1. 62	49. 2	1. 21	50. 1	1. 19
Nursing Care Required (Mean)	7. 4	7. 5	0. 99	6. 4	1. 15	7. 0	1.06	7. 2	1.04